Late Contribution I	Report
---------------------	--------

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

							LATE CON	RIBUTION REPORT
	Council on Political Ed			Date of This Filing	02/04/2008 0110	of the Secretary of State a State of California	CALIFOR	
AREA CODE/PHONE NU	MBER	I.D, NUMBER (if applicable		Report No	001	FEB 0 4 2003	For O	fficial Use Only
2133815611		742204		Keport No.		LEB A 4 5000		
STREET ADDRESS				Amendme to Report No	nt DE	BRA BOWEN retary of State	R	
CITY		STATE	ZIP CODE	(explain below)		3.5	10	
Los Angeles		CA	90006-0000	No. of Pages		1/2		
Late Contribut	ion(s) Received							
DATE RECEIVED	FULL NAM	IE, MAILING ADDRESS A	ND ZIP CODE OF CONTRIB SO ENTER L.D. NUMBER)	UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF B		AMOUNT RECEIVED
1	ID:				IND COM OTH PTY SCC			
Î	ID:				IND COM OTH PTY SCC			
I	ID:				IND COM OTH PTY SCC			
					2)			
*Contributor Codes IND - Individual COM - Recipient Cor OTH - Other	nmittee (other than PTY or	PTY - Politic SCC) SCC - Small	cal Party Il Contributor Committee					
Reason for Amendmen	nt:							

Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

1 4	CON	TOIDI	ITION!	REPORT

NAME OF FILER Los Angeles County Council on Po	olitical Education	Date of This Filing	GENED AND FILE		497
AREA CODE/PHONE NUMBER	I.D. NUMBER (frapplicable) 742204	Report No.	office of the Secretary of Sta of the State of California	For Official U	se Only
STREET ADDRESS		Amendment to Report No.	FEB 04 2008 DEBRA BOWEN		
CITY	STATE ZIP CODE	(explain below) No. of Pages	Secretazy ₂ of State		

Late Contribution(s) Made

DATE MADE		DDRESS AND ZIP CODE OF RECIPIENT TEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
02/04/2008	L.A. County Democratic Par	ty	L.A. County Democratic Party	2500.00	
	Los Angeles	CA 90010-0000	Ballot:		
	ID: 744554		Dist:		
1					
			Ballot;		
	ID:		Dist:		
1					
			Ballot:		
	ID:		Dist:		
.1					
			Ballot:		
	ID:		Dist:		

Reason for Amendment:

lof 2

LATE CONTRIBUTION REPORT

Feb 04 08 12:25p

Shauna Reed

essential and a supplier							LATE CONT	RIBUTION REPORT
NAME OF FILER IBEW LOCAL 180 F LOCAL NO 180	POLITICAL ACTION CO	MMITTEE sponsore	d by IBEW	Date of This Filing	02/01/2008	Date Stamp CEIVED AND FILE	CALIFOR FORM	
AREA CODE/PHONE NU (707) 251-9180		I.D. NUMBER (frapplicable)		Report No	LCM-71220	office of the Secretary of S of the State of California	tate For Off	icial Use Only
STREET ADDRESS				Amendment to Report No.		FEB 0 4 2008		
CITY	***	STATE	ZIP CODE	(explain below)		DEBRA BOWEN	R	
NAPA		CA	94558	No. of Pages	2	ecretary of State		
	tion(s) Received							
DATE RECEIVED	FULL NAM	E, MAILING ADDRESS AN (IF COMMITTEE, ALS	ID ZIP CODE OF CONTRIBU	TOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF E	MPLOYER BUSINESS)	AMOUNT RECEIVED
l	ID:				IND COM OTH PTY SCC			
ĺ	ID:				IND COM OTH PTY SCC			
	ID;				IND COM OTH PTY SCC			
OTH - Other	mmittee (other than PTY or	PTY - Politic SCC) SCC - Small	al Party Contributor Committee			÷		
Reason for Amendme								

9256726305

Type or print in ink.
Amounts may be rounded to whole dollars.

zofz

LATE CONTRIBUTION REPORT

Feb 04 08 12:25p

Shauna Reed

9256726305

NAME OF FILER BEW LOCAL 180	POLITICAL ACTION CO	MMITTEE sponsored	by IBEW LOCAL NO	Date of This Filing	REC	CIVED	AND FILEI Georgetary of Sta	CALII	ORNIA 497
AREA CODE/PHONE N	IUMBER	I.D. NUMBER (Fapplicable) 1259083		Report No.			4 2008	F	or Official Use Only
STREET ADDRESS				Amendment to Report No	D	EBRA	BOWEN y of State		
CITY		STATE	ZIP CODE	No. of Pages			2/2		
Late Contril	bution(s) Made	¥							a a
DATE MADE		NG ADDRESS AND ZIP CO MMITTEE, ALSO ENTER I.D. N		CANDIDATE A OF MEASURE AND	₹)N	AMOUNT OF CONTRIBUTION		DATE OF ELECTION (IF APPLICABLE)
12/20/2007	Citizens to Support Nap	a Valley College					5000	.00	02/05/2008
•	Napa ID: 1302481	CA Ref: □	94558	Napa College County Napa College	Ballo Dist	ot: L :	10		
.									
	ID:				Balle Dist				
	N.								
	ID;				Ball Dist	1000000			
2	ID:		5		Ball Dist				
Reason for Amendm	nent:		4.104.400.400.400.400.400.400.400.400.40						

Slate Mailer Late Payment Report

		RECEI	VED AND FILSEATE	MAILER LATE PAYMENT REPOR
Type or print Amounts may be round	nt in ink. led to whole dollars.		or the Spate Stamp of State e State of California	CALIFORNIA 498
	☐ Amendment No.		EB 0 4 2008	For Official Use Only
	Report No.		RA BOWEN	R

	Repo	DEBRA BOWEN Secretary of State	12
NAME OF SLATE MAILER ORGANIZATION .	(*	STREET ADDRESS .	•
Your Ballot Guide			
AREA CODE/PHONE NUMBER OPTIONAL: FAX/E-MAIL	I.D. NUMBER	CITY	STATE ZIP CODE
818-990-4002	588011	Sherman Oaks CA, 91403	
Late Payment(s) Received From:		NAME OF CANDIDATE OR BALLOT MEASURE:	SUPPORT
NAME	I.D. NUMBER (if applicable)	80 26	☐ OPPOSE
Children's Hospital		OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED
ADDRESS CITY	STATE ZIP CODE		\$
Occupation/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYER	94609 D (if applicable)	NAME OF CANDIDATE OR BALLOT MEASURE:	☐ SUPPORT ☐ OPPOSE
DATE RECEIVED: AMOUN \$	7,000.00	OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	\$
NAME OF CANDIDATE OR BALLOT MEASURE: Yes on Measure A A	☑ SUPPORT ☐ OPPOSE	NAME OF CANDIDATE OR BALLOT MEASURE:	SUPPORT OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION Alameda County	\$ 7,000.00	OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED \$
NAME OF CANDIDATE OR BALLOT MEASURE:	SUPPORT OPPOSE	NAME OF CANDIDATE OR BALLOT MEASURE:	☐ SUPPORT ☐ OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	AMOUNT ATTRIBUTED	OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION	\$